



Missouri Pharmacy Program – Preferred Drug List



Tetracyclines

Effective 06/21/2012

Revised 10/02/2014

Preferred Agents

- Doxycycline Hyclate Caps
- Doxycycline Hyclate Tabs
- Minocycline Capsules
- Vibramycin® Suspension

Non-Preferred Agents

- Doxycycline Mono Caps/Tabs
- Vibramycin® Syrup/Caps
- Oracea®
- Solodyn®
- Minocycline® Tablets
- Doxycycline Hyclate DR
- Doryx®
- **Tetracycline**
- Morgidox® Kit
- Demeclocycline
- Minocycline ER
- **Doxycycline Monohydrate Susp**
- **Adoxa®**

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- For First-Line access to Demeclocycline:

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs
Inappropriate Secretion of Antidiuretic Hormone Syndrome	253.6	--

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030